

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000234882

**Entity Name:** VENICE PAYROLL SOLVERE OPCO, LLC

**FILED**  
**Feb 28, 2020**  
**Secretary of State**  
**6125829639CC**

**Current Principal Place of Business:**

12425 28TH STREET N  
SUITE 100  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

12425 28TH ST N  
STE 100  
SAINT PETERSBURG, FL 33716

**FEI Number: 84-3069716**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KUTAC, KRISTIN  
12425 28TH STREET N  
SUITE 100  
ST. PETERSBURG, FL 33716 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            KUTAC, KRISTIN  
Address        12425 28TH ST N, STE 100  
City-State-Zip: SAINT PETERSBURG FL 33716

Title            AMBR  
Name            MESSMER, LAUREN  
Address        12425 28TH STREET N, SUITE 100  
City-State-Zip: ST. PETERSBURG FL 33716

Title            AMBR  
Name            SOLVERE HOLDINGS, LLC  
Address        12425 28TH STREET N, SUITE 100  
City-State-Zip: ST. PETERSBURG FL 33716

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KRISTIN KUTAC**

**AMBR**

**02/28/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date